

PABST PATENT GROUP



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TELEFAX

Date: February 16 2006 Total pages: 40 (w/cover page)

To: U.S. PTO Telephone: Telefax: 571-273-8300

From: Patrea L. Pabst Telephone: 404-879-2151 Telefax: 404-879-2160

Our Docket No. EDT 101 CON
Your Docket No. Client/Matter No. 095146-00003

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MESSAGE:**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Steven Say-Kyoun Ow and Tae Jin Eom

Serial No.: 09/121,152 Group Art Unit: 1731

Filed: October 19, 1998 Examiner: Anna Kinney

For: *BIOLOGICAL DE-INKING METHOD*

Attachments:

Transmittal Form;
Fee Transmittal Form;
Amendment and Response;
Declaration Under 37 CFR 1.132; and
three (3) references

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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|------------------------|---------------------|
| Application Number | 09/151,152 |
| Filing Date | October 19, 1998 |
| First Named Inventor | Steven Say-Kyoun Ow |
| Art Unit | 1731 |
| Examiner Name | Anna Kinney |
| Attorney Docket Number | EDT 101 CON |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration Under 37 CFR 1.132; three (3) references |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------|----------|--------|
| Firm Name | Pabst Patent Group LLP | | |
| Signature | | | |
| Printed name | Patricia L. Pabst | | |
| Date | February 16, 2006 | Reg. No. | 31,284 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|--------------|-------------------|------------------------|
| Signature | | | |
| Typed or printed name | Ronna Berman | Patricia L. Pabst | Date February 16, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including the gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$0.00)

Complete if Known

| | |
|----------------------|---------------------|
| Application Number | 09/121,152 |
| Filing Date | October 19, 1998 |
| First Named Inventor | Steven Say-Kyoun Ow |
| Examiner Name | Anna Kinney |
| Art Unit | 1731 |
| Attorney Docket No. | EDT 101 CON |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

| | |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

| | |
|-----|-----|
| 360 | 180 |
|-----|-----|

Total Claims

| Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|-------------------|----------|---------------|---------------------------|----------|---------------|
| 27 - 28 or HP = 0 | x | = | | | |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|---------------|----------|---------------|
| 2 | - 3 or HP = 0 | x | = |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) | x | = |

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification: \$130 fee (no small entity discount)

Other:

| SUBMITTED BY | | Registration No. (Attorney/Agent) | Telephone |
|-------------------|-----------------|--------------------------------------|------------------|
| Signature | | 31,284 | (404) 879-2152 |
| Name (Print/Type) | Patrea L. Pabst | Date | February 16 2006 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEB 16 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Steven Say-Kyoun Ow and Tae Jin Eom

Serial No.: 09/121,152 Art Unit: 1731

Filed: July 22, 1998 Examiner: Anna Kinney

For: *BIOLOGICAL DE-INKING METHOD*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

Responsive to the Office Action mailed on November 16, 2005, please amend the application as follows. It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.

PLEASE NOTE: The filing date reflected on the office action is incorrect. A request for corrected filing receipt was filed December 1, 2005. The original filing receipt in this application correctly reflected July 22, 1998 as the filing date. However at some point an error was introduced. This correction is merely to insure the file is accurate.

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